

INDEPENDENT LIVING/TRANSITION PLAN
To be updated at each Child and Family Team Meeting (CFTM).

Instructions: Page one (1) should be completed at the first CFTM at age **15 and six (6) months** or later if the youth enters care later, and updated at each CFTM thereafter. An update every six (6) month should be completed for each youth in foster care who has reached the age indicated on each update. An additional update must be completed 90 days prior to the youth's **18th birthday** if the youth is in foster care or if the youth is participating in the Older Youth Foster Care (OYFC) program (federal requirement).
Plan Start Date: _____ Plan Stop Date: _____

YOUTH INFORMATION				
First name and middle initial		Last name		ICWIS number
Projected date youth will leave care (month/day/year)		Date of birth (month/day/year)	Age	Sex Male Female
Permanency Plan:				
WHAT YOUTH SHOULD HAVE IN THEIR POSSESSION BEFORE LEAVING FOSTER CARE				
List should be updated every six (6) months. All documents should be in youth's possession by age 18 or 90 days within prior to the Child in Need of Services (CHINS) case dismissal.				
Documents		Date Completed	Date the document is in youth's possession (youth must initial and date)	
1. Photo identification Type: learner's permit drivers license State ID card				
2. Birth Certificate County and State of birth: _____				
3. Social Security Card				
4. Registered to vote upon reaching the age of 18				
5. Selective Service registration upon reaching the age of 18 (males)				
6. Life Book				
7. Copy of latest Individualized Education Plan (IEP) and/or Individualized Transition Plan through the youth's school (if applicable)				
8. Copy of Bureau of Developmental Disability Services (BDDS) Transitional Plan (if applicable)				
9. Copy of latest Case/Treatment/Discharge Plan				
10. Personal filing system Type: 3-ring binder full-size expandable envelope file cabinet other: _____ Location of filing system: _____				
11. Youth can navigate public transportation				
12. <u>Education:</u> Certificate of Completion Obtained Yes No Diploma Obtained Yes No Last High School Attended: _____ Type of degree: Core 40, Honors, etc: _____ GPA: _____ GED Obtained Yes No Name of school/education center: _____ Type of GED: General Honors Scores: _____		Date of Completion:	Youth initial when Certificate/Diploma in youths possession	

INITIAL TO BE COMPLETED AT AGE 15 years and six (6) months

HOUSING

Current address (number and street, apartment or unit number, city, state, and ZIP code)	
Type of Placement: Foster Home Group Home Residential Facility Relative Home Other: _____	
Where would youth like to live after foster care?	

EDUCATION

Current grade level	Current school attending	Expected Graduation Date	GPA
If youth has an IEP, did the youth attend the last IEP meeting? Yes No	Date of last IEP meeting:	If youth has/had an IEP, is youth involved with Vocational Rehabilitation? Yes No Not Applicable	
Diploma/Certification track: Certificate of Completion Core 40 Diploma Honors Diploma Other _____			

VOLUNTEER/EMPLOYMENT

Current volunteer: Yes No	Volunteer locations/hours:	Youth has working knowledge of how to complete an application for employment Yes No
Currently employed Full Time Part Time	Name and address of employer	Hours per week

To be completed by youth and team:

Youth's Strengths: Include hobbies & interests			
Goals	Steps to achieve goals	Team member assigned to help with this goal	Completed date

SIGNATURES OF INDEPENDENT LIVING/TRANSITION PLAN TEAM MEMBERS		
Signature of youth	Printed name	Date
Signature of DCS Family Case Manager/Probation Officer	Printed name	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Youth refused to participate in CFTM Youth refused to sign the plan Signature of DCS Family Case Manager/Probation Officer:		
Date		

6 MONTH UPDATE: AGE 16

HOUSING & TRANSPORTATION

Current address (number and street, apartment or unit number, city, state, and ZIP code)	
Type of Placement: Foster Home Group Home Residential Facility Relative Home Other: _____	
Address after leaving foster care (number and street, apartment or unit number, city, state, and ZIP code) Unknown at this time	
Type of transportation (own vehicle, bicycle or uses Public Transportation):	Attended Drivers Education: Yes No

INDEPENDENT LIVING PREPARATION

For youth placed in DCS licensed foster home, unlicensed relative placements, or non-licensed court approved placements: Referral for Chafee IL Services Date: _____		
For youth placed in a residential facility, group home, LCPA foster home: The facility/agency is responsible for providing Independent Living education		
Youth is Participating in Independent Living program Yes No	Level of Involvement	IL provider (see above):
Ansell-Casey Life Skills Assessment (ACLSA) completed Yes No	Date last ACLSA completed (month, day, year)	

SUPPORTIVE RELATIONSHIPS

If need additional space is needed use separate sheet of paper.

Name	Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)		
Supports offered (advice, emergency housing career guidance, place to go for holidays, help with finances, etc)		
Name	Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)		
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)		
Name	Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)		
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)		

MONEY MANAGEMENT

Bank account open: Yes No	Savings account open: Yes No	Name of bank or other financial institution:
Sources of income and monthly amounts (employment, Social Security, etc). Use separate sheet if needed:		

EDUCATION

Current grade level	Current school attending	Expected Graduation Date	GPA
If youth has an IEP, did the youth attend the last IEP meeting? Yes No	Date of last IEP meeting:	If youth has/had an IEP, is youth involved with Vocational Rehabilitation? Yes No Not Applicable	
Diploma/Certification track: Certificate of Completion Core 40 Honors Pre-College Other _____			

EMPLOYMENT		
Youth referred to Work One Yes No	Youth has working knowledge of how to complete an application for employment Yes No (If no, this should be listed as a goal)	Youth has working knowledge of how to locate employment Yes No (If no, this should be listed as a goal)
Currently employed Full Time Part Time	Name and address of employer	
	Hours per week	
Previously employed Full Time Part Time	List previous employer(s), dates of employment & reasons for leaving employment. Use separate sheet if needed:	

To be completed by youth and team:

Youth's Strengths: Include hobbies & interests			
Goals: Consider Results from the most recent Ansell Casey Life Skills Assessment			
Identified Goals	Steps to achieve goals	Team member assigned to help with this goal	Completed date

Team Members Present:

SIGNATURES OF INDEPENDENT LIVING/TRANSITION PLAN TEAM MEMBERS		
Signature of youth	Printed name	Date
Signature of DCS Family Case Manager/Probation Officer	Printed name	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Youth refused to participate in CFTM Youth refused to sign the plan Signature of DCS Family Case Manager/Probation Officer: <div style="float: right;">Date</div>		

6 MONTH UPDATE: AGE **16 years and six (6) months**

HOUSING & TRANSPORTATION	
Current address (number and street, apartment or unit number, city, state, and ZIP code)	
Type of Placement: Foster Home Group Home Residential Facility Relative Home Other: _____	
Address after leaving foster care (number and street, apartment or unit number, city, state, and ZIP code) Unknown at this time	
Type of transportation (own vehicle, bicycle or uses Public Transportation):	Attended Drivers Education: Yes No
Type of transportation (own vehicle, bicycle or uses Public Transportation):	

INDEPENDENT LIVING PREPARATION		
For youth placed in DCS licensed foster home, unlicensed relative placements, or non-licensed court approved placements: Make a referral for Chafee IL Services		
For youth placed in a residential facility, group home, LCPA foster home: The facility/agency is responsible for providing Independent Living education		
Participating in Independent Living program Yes No	Level of Involvement	IL provider (see above):
Ansell-Casey Life Skills Assessment(ACLSA) completed Yes No	Date last ACLSA completed (month, day, year)	
SUPPORTIVE RELATIONSHIPS Same As Previous If additional space is needed use separate sheet of paper.		
Name	Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)		
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)		
Name	Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)		
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)		
Name	Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)		
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)		

MONEY MANAGEMENT		
Bank account open: Yes No	Savings account open: Yes No	Name of bank or other financial institution:
Sources of income and monthly amounts (employment, Social Security, etc). Use separate sheet if needed:		

EDUCATION			
Current grade level	Current school attending	Expected Graduation Date	GPA
If youth has an IEP, did the youth attend the last IEP meeting? Yes No	Date of last IEP meeting:	If youth has/had an IEP, is youth involved with Vocational Rehabilitation? Yes No Not Applicable	
Diploma/Certification track: Certificate of Completion Core 40 Honors Pre-College Other _____			

EMPLOYMENT		
Youth referred to Work One Yes No	Youth has working knowledge of how to complete an application for employment Yes No (If no, this should be listed as a goal)	Youth has working knowledge of how to locate employment Yes No (If no, this should be listed as a goal)
Currently employed Full Time Part Time	Name and address of employer	
	Hours per week	
Previously employed Full Time Part Time	List previous employer(s), dates of employment & reasons for leaving employment. Use separate sheet if needed:	

To be completed by youth and team:

Youth's Strengths: Include hobbies & interests			
Goals: Consider Results from the most recent Ansell Casey Life Skills Assessment			
Identified Goals	Steps to achieve goals	Team member assigned to help with this goal	Completed date

Team Members Present:

SIGNATURES OF INDEPENDENT LIVING/TRANSITION PLAN TEAM MEMBERS		
Signature of youth	Printed name	Date
Signature of DCS Family Case Manager/Probation Officer	Printed name	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Youth refused to participate in CFTM and/or refused to sign the plan. Signature of DCS Family Case Manager/Probation Officer: _____ Date _____		

6 MONTH UPDATE: AGE 17

HOUSING & TRANSPORTATION

Current address (number and street, apartment or unit number, city, state, and ZIP code)	
Type of Placement: Foster Home Group Home Residential Facility Relative Home Other: _____	
Address after leaving foster care (number and street, apartment or unit number, city, state, and ZIP code) Unknown at this time	
Type of transportation (own vehicle, bicycle or uses Public Transportation):	Attended Drivers Education: Yes No

INDEPENDENT LIVING PREPARATION

For youth placed in DCS licensed foster home, unlicensed relative placements, or non-licensed court approved placements: Make a referral for Chafee IL Services			
For youth placed in a residential facility, group home, LCPA foster home: The facility/agency is responsible for providing Independent Living education			
Participating in Independent Living program Yes No		Level of Involvement	
Ansell-Casey Lifeskills Assessment completed Yes No		Date last ACLSA completed (month, day, year)	
Determine if youth is appropriate for a Transitional Living Placement (youth cannot be placed until 17 years and 6 months). See Policy, 11.13 Transitional Living Placement. Yes No		Planned provider:	Planned placement date:
SUPPORTIVE RELATIONSHIPS Same As Previous			
Name		Relationship to youth	
		Telephone Number	
Address (number and street, apartment or unit number, city, state, and ZIP code)			
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)			
Name		Relationship to youth	
		Telephone Number	
Address (number and street, apartment or unit number, city, state, and ZIP code)			
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)			
Name		Relationship to youth	
		Telephone Number	
Address (number and street, apartment or unit number, city, state, and ZIP code)			
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)			

MONEY MANAGEMENT

Bank account open: Yes No	Savings account open: Yes No	IDA or Nesting account: Yes No	Name of bank or other financial institution:
Savings goal for leaving foster care: Goal \$ _____ Current balance \$ _____		Sources of income and monthly amounts (employment, Social Security, financial aid, etc). Use separate sheet if needed:	

EDUCATION

Current grade level	Current school attending	Expected Graduation Date	GPA
Diploma/Certification track: Certificate of Completion Core 40 Honors Pre-College Other _____			
If youth has an IEP, did the youth attend the last IEP meeting? Yes No	Date of last IEP meeting:	If youth has/had an IEP, is youth involved with Vocational Rehabilitation? Yes No Not Applicable	

Enrolled in college or vocational program Yes No Full Time Part Time	Name of school	Area of study Expected graduation date:
Attached: Schedule Transcripts	GPA:	Educational Goal: Certification/Certificate/License Associate Degree Bachelors Degree Other (specify):

EMPLOYMENT		
Youth has updated resume Yes No	Youth referred to Work One Yes No	Youth has working knowledge of how to complete an application for employment Yes No
Currently employed Full Time Part Time	Name and address of employer	Hours per week
Previously employed Full Time Part Time	List previous employer(s), dates of employment & reasons for leaving employment. Use separate sheet if needed:	

To be completed by youth and team:

Youth's Strengths: Include hobbies & interests			
Goals: Consider Results from the most recent Ansell Casey Life Skills Assessment			
Identified Goals	Steps to achieve goals	Team member assigned to help with this goal	Completed date

Team Members Present:

SIGNATURES OF INDEPENDENT LIVING/TRANSITION PLAN TEAM MEMBERS		
Signature of youth	Printed name	Date
Signature of DCS Family Case Manager/Probation Officer	Printed name	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
<p>Youth refused to participate in CFTM and/or refused to sign the plan.</p> <p>Signature of DCS Family Case Manager/Probation Officer:</p> <p style="text-align: right;">Date</p>		

6 MONTH UPDATE: AGE 17 years and six (6) months

HOUSING & TRANSPORTATION		
Current address (number and street, apartment or unit number, city, state, and ZIP code)		
Type of Placement: Foster Home Group Home Residential Facility Relative Home Other: _____		
Address after leaving foster care (number and street, apartment or unit number, city, state, and ZIP code)		Unknown at this time
Participated in visits to housing options Yes No	Type of transportation (own vehicle, bicycle or uses Public Transportation):	Attended Drivers Education: Yes No

INDEPENDENT LIVING PREPARATION			
All youth regardless of placement should be referred to a Chafee Independent Living provider.			
Participating in Independent Living program Yes No		Level of Involvement	IL provider (see above):
Ansell-Casey Lifeskills Assessment completed Yes No		Date last ACLSA completed (month, day, year)	
Was the youth deemed appropriate for Transitional Living Placement Yes No	Date (to be) placed (month, day, year):	Placement address:	Provider:
SUPPORTIVE RELATIONSHIPS Same As Previous			
Name		Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)			
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)			
Name		Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)			
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)			
Name		Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)			
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)			

MONEY MANAGEMENT			
Bank account open: Yes No	Savings account open: Yes No	IDA or Nesting account: Yes No	Name of bank or other financial institution:
Savings goal for leaving foster care: Goal \$ _____ Current balance \$ _____		Sources of income and monthly amounts (employment, Social Security, financial aid, etc). Use separate sheet if needed:	

EDUCATION			
Current grade level	Current school attending	Expected Graduation Date	GPA
Diploma/Certification track: Certificate of Completion Core 40 Honors Pre-College Other _____			
If youth has an IEP, did the youth attend the last IEP meeting? Yes No	Date of last IEP meeting:	If youth has/had an IEP, is youth involved with Vocational Rehabilitation? Yes No Not Applicable	
Enrolled in college or vocational	Name of school	Area of study	

program Yes No Full Time Part Time				Expected graduation date:
Attached: Schedule Transcripts	GPA:	Educational Goal: Associate Degree	Certification/Certificate/License Bachelors Degree Other (specify):	

EMPLOYMENT			
Youth has updated resume Yes No	Youth referred to Work One Yes No	Youth has working knowledge of how to complete an application for employment Yes No	
Currently employed Full Time Part Time	Name and address of employer		Hours per week
Previously employed Full Time Part Time	List previous employer(s), dates of employment & reasons for leaving employment. Use separate sheet if needed:		

To be completed by youth and team:

Youth's Strengths: Include hobbies & interests			
Goals: Consider Results from the most recent Ansell Casey Life Skills Assessment			
Identified Goals	Steps to achieve goals	Team member assigned to help with this goal	Completed date

Team Members Present:

SIGNATURES OF INDEPENDENT LIVING/TRANSITION PLAN TEAM MEMBERS		
Signature of youth	Printed name	Date
Signature of DCS Family Case Manager/Probation Officer	Printed name	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
<p>Youth refused to participate in CFTM and/or refused to sign the plan.</p> <p>Signature of DCS Family Case Manager/Probation Officer:</p> <p style="text-align: right;">Date</p>		

UPDATE: 90 DAYS BEFORE 18th BIRTHDAY.

Must also be completed for those entering care after 90 days before 18th birthday and Older Youth Foster Care.

TRANSITIONAL SERVICES PLAN

HOUSING & TRANSPORTATION		
Current address (number and street, apartment or unit number, city, state, and ZIP code)		
Type of Placement: Foster Home Group Home Residential Facility Relative Home Other: _____		
Address after leaving foster care (number and street, apartment or unit number, city, state, and ZIP code)		Unknown at this time
Participated in visits to housing options Yes No	Attended Drivers Education: Yes No	
Has own mode of transportation Yes No	Insurance coverage & when payments are due:	Type of transportation (own vehicle, bicycle or uses Public Transportation):

INDEPENDENT LIVING PREPARATION			
All youth regardless of placement should be referred to a Chafee Independent Living provider.			
Participating in Independent Living program Yes No	Level of Involvement:	IL provider:	
Ansell-Casey Life Skills Assessment (ACLSA) completed Yes No	Date last ACLSA completed (month, day, year)		
Was the youth deemed appropriate for Transitional Living Placement Yes No	Date (to be) placed (month, day, year):	Placement address:	Provider:
SUPPORTIVE RELATIONSHIPS (Adults who will always know how to contact youth)			
Name	Relationship to youth	Telephone Number	
Address (number and street, apartment or unit number, city, state, and ZIP code)			
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)			
Name	Relationship to youth	Telephone Number	
Address (number and street, apartment or unit number, city, state, and ZIP code)			
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)			
Name	Relationship to youth	Telephone Number	
Address (number and street, apartment or unit number, city, state, and ZIP code)			
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)			

EMPLOYMENT		
Youth has updated resume Yes No	Youth referred to Work One Yes No	Youth has working knowledge of how to complete an application for employment Yes No
Currently employed Full Time Part Time	Name and address of employer	Hours per week
Previously employed Full Time Part Time	List previous employer(s), dates of employment & reasons for leaving employment. Use separate sheet if needed:	

EDUCATION			
Current grade level	Current school attending	Expected Graduation Date	GPA
Diploma/Certification track: Certificate of Completion Core 40 Honors Pre-College Other _____			
If youth has an IEP, did the youth attend the last IEP meeting? Yes No	Date of last IEP meeting:	If youth has/had an IEP, is youth involved with Vocational Rehabilitation? Yes No Not Applicable	
Enrolled in college or vocational program Yes No Full Time Part Time	Name of school		Area of study Expected graduation date:
Attached: Schedule Transcripts	GPA:	Educational Goal: Certification/Certificate/License Associate Degree Bachelors Degree Other (specify):	

SELF CARE			
HEALTH INSURANCE OPTIONS: If employed, talk to employer about health insurance options provided. If youth turns 18 in a foster care setting (see federal definition) youth are eligible for Medicaid, category MA14, until their 21 st birthday.			
Current medical coverage	Applied for Medicaid one (1) month prior to 18 th birthday Yes No Not yet due to age		Type of Medicaid applied for
Received Advance Directives packet on importance of designating a health representative to make health decisions, how to execute health care power of attorney, health care proxy, or other similar document recognized by State law: Yes No Youth was given opportunity to watch video explaining Advance Directives information packet? Yes No Youth watched video explaining Advance Directives information packet? Yes No			
Name of doctor	Address (number and street, city, state, ZIP code)		Telephone Number
Name of dentist	Address (number and street, city, state, ZIP code)		Telephone Number
Name of emergency provider	Address (number and street, city, state, ZIP code)		Telephone Number
Name of mental health provider	Address (number and street, city, state, ZIP code)		Telephone Number
Currently on probation Yes No End Date:	Parent Yes No	Age, gender of children	Any/All children live with youth

DAILY LIVING SKILLS				
Skill	Check mastery level of each skill			Identify who is assisting youth with this skill? Can be foster parent, IL provider, facility staff, or relative.
	Mastered	Needs work	Currently working on	
Personal hygiene				
Laundry				
Preparing meals and clean up				
Nutrition				
Shopping for meals				
Housework/vacuuming/dusting, etc				
Health and Safety				
Money Management				
Problem Solving Skills				
Others (specify):				

To be completed by youth and team:

Youth's Strengths: Include hobbies & interests			
Goals: Consider Results from the most recent Ansell Casey Life Skills Assessment			
Identified Goals	Steps to achieve goals	Team member assigned to help with this goal	Completed date

Team Members Present:

SIGNATURES OF INDEPENDENT LIVING/TRANSITION PLAN TEAM MEMBERS		
Signature of youth	Printed name	Date
Signature of DCS Family Case Manager/Probation Officer	Printed name	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Youth refused to participate in CFTM and/or refused to sign the plan. Signature of DCS Family Case Manager/Probation Officer:		

Date		
6 MONTH UPDATE: AGE 18 OR OLDER		
HOUSING & TRANSPORTATION		
Current address (number and street, apartment or unit number, city, state, and ZIP code)		
Type of Placement: Transitional Housing Placement Living Independently in Own Apartment Foster Home Group Home Residential Facility Relative Home Other: _____		
Address after leaving foster care (number and street, apartment or unit number, city, state, and ZIP code) Unknown at this time		
Participated in visits to housing options Yes No	Attended Drivers Education: Yes No	
Has own mode of transportation Yes No	Insurance coverage & when payments are due:	Type of transportation (own vehicle, bicycle or uses Public Transportation):

INDEPENDENT LIVING PREPARATION		
All youth regardless of placement should be referred to a Chafee Independent Living provider.		
Participating in Independent Living program Yes No	Level of Involvement	IL provider
Ansell-Casey Lifeskills Assessment completed Yes No	Date last ACLSA completed (month, day, year)	
SUPPORTIVE RELATIONSHIPS Same As Previous		
Name	Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)		
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)		
Name	Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)		
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)		
Name	Relationship to youth	Telephone Number
Address (number and street, apartment or unit number, city, state, and ZIP code)		
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)		

MONEY MANAGEMENT			
Bank account open: Yes No	Savings account open: Yes No	IDA or Nesting account: Yes No	Name of bank or other financial institution:
Savings goal for leaving foster care: Goal \$ _____ Current balance \$ _____		Sources of income and monthly amounts (employment, Social Security, financial aid, etc). Use separate sheet if needed:	

EDUCATION			
Current grade level	Current school attending	Expected Graduation Date	GPA
Diploma/Certification track: Certificate of Completion Core 40 Honors Pre-College Other _____			
If youth has an IEP, did the youth attend the last IEP meeting? Yes No	Date of last IEP meeting:	If youth has/had an IEP, is youth involved with Vocational Rehabilitation? Yes No Not Applicable	

Enrolled in college or vocational program Yes No Full Time Part Time		Name of school	Area of study Expected graduation date:
Attached: Schedule Transcripts	GPA:	Educational Goal: Associate Degree	Certification/Certificate/License Bachelors Degree Other (specify):

EMPLOYMENT			
Youth has updated resume Yes No	Youth referred to Work One Yes No	Youth has working knowledge of how to complete an application for employment Yes No	
Currently employed Full Time Part Time	Name and address of employer		Hours per week
Previously employed Full Time Part Time	List previous employer(s), dates of employment & reasons for leaving employment. Use separate sheet if needed:		

To be completed by youth and team:

Youth's Strengths: Include hobbies & interests			
Goals: Consider Results from the most recent Ansell Casey Life Skills Assessment			
Identified Goals	Steps to achieve goals	Team member assigned to help with this goal	Completed date

Team Members Present:

SIGNATURES OF INDEPENDENT LIVING/TRANSITION PLAN TEAM MEMBERS		
Signature of youth	Printed name	Date
Signature of DCS Family Case Manager/Probation Officer	Printed name	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
Printed name Signature	Role & telephone number	Date
<p>Youth refused to participate in CFTM and/or refused to sign the plan.</p> <p>Signature of DCS Family Case Manager/Probation Officer:</p> <p style="text-align: right;">Date</p>		